

LICENSE FEE: \$ 58.45 per vehicle

PERMIT NO. _____

Check payable to:

CITY OF CONCORD

City of Concord
Health Services Division
37 Green Street
Concord NH 03301

APPLICATION FOR TAXICAB LICENSE

Owner's Name: _____ Phone No. _____

Home Address: _____

Name of Company: _____

Company Address: _____ Phone No. _____

YEAR, MAKE & MODEL OF CAR: _____ Color: _____

SERIAL #: _____ PLATE #: _____ EXPIRES: _____

NAME OF INSURANCE CO.: _____ EXPIRES: _____

THE FOLLOWING MUST BE SUBMITTED ALONG WITH YOUR APPLICATION

1. Copy of Insurance Certificate to include the following coverage:

Personal Injury: \$100,000 for one person & \$300,000 for more than one person.

Property Damage: \$100,000 each accident

2. Copy of your current registration is required.

It is the responsibility of the applicant to obtain the necessary insurance required for submittal. If your insurance coverage expires within the license year (October 1, to October 1), you should contact your insurance agent to request that a copy of your renewed insurance policy be forwarded to this office. Applications will not be processed without accompanying insurance certificate.

ALL LICENSES WILL IMMEDIATELY TERMINATE UPON THE EXPIRATION OF THE APPLICANT'S INSURANCE POLICY.

SIGNATURE: _____ DATE: _____

Applicant

APPROVED: _____ DATE: _____

Licensing Officer